

10-16-00

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PATENT APPLICATION
Attorney's Do. No. 3981-3

PTO
05/66/162
10/13/00

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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APPLICATION, ASSISTANT COMMISSIONER FOR PATENTS, WASHINGTON D.C.
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Ehren J. Rhea
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Box Patent Application
Assistant Commissioner for Patents
Washington, D.C. 20231

Enclosed for filing is a patent application under 37 CFR 1.53(b) of:

Inventor [or Application Identifier]: Yao-Min Chen, Heeloo Chung, Zhijun Tong and
Eugene Lee

For: AN INTERLEAVED WEIGHTED FAIR QUEUING MECHANISM AND
SYSTEM

[If continuing application] This application is a ☐ continuation, ☐ divisional, ☐
continuation-in-part of prior application Serial No. _____, filed _____.
Prior application info: Examiner: _____ Group Art Unit _____

Enclosures:

- ☒ Specification (pages 1-21); claims (pages 22-29); abstract (page 30)
- ☒ 9 sheet(s) of drawings
- ☒ Declaration or Combined Declaration and Power of Attorney
 - ☒ Newly executed (original or copy)
 - ☐ Copy from a prior application (37 CFR 1.63(d))
 - ☐ Incorporation by Reference--The entire disclosure of the prior application, from
which a copy of the oath or declaration is supplied is considered as being part of the
disclosure of the accompanying application and is hereby incorporated by reference
therein.

☐ Deletion of Inventors (signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))

☐ Power of Attorney

☒ Assignment with cover sheet

☐ Certified copy of priority document:

☐ Information Disclosure Statement with Form PTO 1449

☐ Copies of references listed on attached Form PTO-1449

☐ Preliminary Amendment

☐ Change of Address

☒ Return Postcard

CLAIMS AS FILED

For	Number Filed	Number Extra	Rate	Basic Fee \$710.00
Total Claims	31-20	11	x \$ 18 =	198.00
Independent Claims	5-3	2	x \$ 80 =	160.00
Multiple Dependent Claim Fee			x \$270 =	0.00
TOTAL FILING FEE				\$1,068.00

☐ Cancel in this divisional application original claims _____ of the prior application Serial No. _____ before calculating the filing fee. (At least one original independent claim must be retained for filing purposes.)

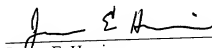
☒ A check in the amount of \$1,108.00 to cover ☒ filing fee and ☒ assignment recordal fee (\$40) is enclosed.

☒ Any deficiency or overpayment should be charged or credited to deposit account number 13-1703. A duplicate copy of this sheet is enclosed.

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Respectfully submitted,

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